

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEAL NO. 10/620928 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1		1			
4		1		1		
5		1		1		
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TOTAL IND.	1		1			
TOTAL DEP.	2	↓	2	↓		↓
TOTAL CLAIMS	3		3			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	3		3			